

Volunteer TimesheetName of
Volunteer/Group: _____Name of
Supervisor: _____

Month / Year: _____

Department/Resource Area: _____

Enter the actual clock hours and total hours volunteered next to the corresponding date.

If no hours were volunteered, enter a "0" or leave blank.

Date	Hours	Total	Date	Hours	Total	Date	Hours	Total
1			12			23		
2			13			24		
3			14			25		
4			15			26		
5			16			27		
6			17			28		
7			18			29		
8			19			30		
9			20			31		
10			21					
11			22					

TOTAL HOURS FOR THE MONTH: _____

SIGNATURES

Volunteer: _____

Date: _____

Supervisor: _____

Date: _____

COMMENTS / ADDITIONAL INFORMATION:**Note :** Information from this timesheet will be used for the Volunteers Annual Report, form FS-1800-24**Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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